

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71534	09-23-99
O.I.P.E. CLASSIFIER			10-4-99
FORMALITY REVIEW	LA	63390	10/12/99

Response F.R.

LA

INDEX OF CLAIMS

- | | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)..... Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Date
Final	
Original	
1	10/12/99
2	10/12/99
3	10/12/99
4	10/12/99
5	10/12/99
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8	10/12/99
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47	10/12/99
48	10/12/99
49	10/12/99
50	10/12/99

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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